VOL. 16, NO. 1 JULY-SEPT., 1966

Inventory

A QUARTERLY JOURNAL ON ALCOHOL AND ALCOHOLISM

PUBLISHED BY THE N. C. ALCOHOLIC REHABILITATION PROGRAM

TREATMENT

REHABILITATION

EDUCATION

PREVENTION

N. C. ALCOHOLIC REHABILITATION CENTER

BUTNER, N. C.

About the Center . . .

The A.R.C., as it has come to be known, is a 50 bed in-residence treatment facility for problem drinkers. Located at Butner, N. C., a small community approximately 12 miles north of Durham, N. C. off Highway 15, it is operated under the authority of the N. C. Department of Mental Health. The Center provides residence, treatment and workshop facilities for 38 male and 12 female patients.

A.R.C. Treatment Methods . . .

Treatment is by psychotherapy and consists of group discussions led by the professional staff, educational films, individual consultations with staff members, vocational guidance, recreation, rest, proper food and prescribed medications.

Length of Stay . . .

The basic treatment program is based on a 28-day schedule. The patient may remain for a longer period if, in the opinion of the staff, it will be of further therapeutic benefit to him. No applications for less than 28 days are accepted.

Admission Requirements . . .

1. Persons desiring admission must come voluntarily. No one can be admitted by court order. The individual who is sincere in wanting help and who comes voluntarily stands a much better chance of successful rehabilitation.

2. An appointment for admission is obtained by written or telephone application to the Admitting Officer, 406 Central Ave., Butner, N. C. (telephone 919 985-6770). All appointments are confirmed by mail. Preferably they should be made through a physician or other professional person in the prospective patient's community.

3. Since the Center is not designed, nor equipped, as a sobering up facility, the prospective patient must not have taken any alcoholic beverages for at least 72 hours prior to admission.

4. A report of a recent physicial examination by a duly licensed physician must be presented prior to or at the time of admission. The prospective patient's physical condition must be reasonably good enough to enable him to participate fully in all phases of the treatment program. There are no medical beds for the treatment of serious physical or mental disorders.

5. A fee of $75 in cash or certified check only must be paid at the time of admission. No personal checks can be accepted! Cases of true indigency must present written evidence in the form of a letter from their county welfare department at the time of admission or before.

6. A social history, compiled by a trained social worker in the local welfare or family service agency or other professional organization is required. Arrangements for the history should be made early enough so that it reaches the Center within a week following admission.

Admitting Days . . .

In order to facilitate the program of treatment by the small group method, prospective patients are admitted on Wednesdays, Thursdays and Fridays from 8 to 12 a.m. and 1 to 5 p.m. In this manner several days of adjustment to the life of the Center are provided before the beginning of the intensive treatment program the following Monday.

ALCOHOLIC REHABILITATION PROGRAM

OF THE

NORTH CAROLINA DEPARTMENT OF MENTAL HEALTH

NORBERT L. KELLY, Ph.D.
Associate Director

R. J. BLACKLEY, M.D.
Medical Director

GEORGE H. ADAMS
Educational Director

INVENTORY

JULY-SEPTEMBER, 1966

VOLUME 16 NUMBER 1

RALEIGH, N. C.

Aneducational Journal on Alcohol and Alcoholism. Published quarterly by the North Carolina Alcoholic Rehabilitation Program created within the State Hospitals Board of Control by Chapter 1206, 1949 General Session Laws authorizing the State Board of Health and the Department of Public Welfare to act in an advisory capacity. Offices 2100 Hillsboro St., Raleigh, North Carolina, 27607.

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Statement of Ownership, Management and Circulation

Inventory is published quarterly by N. C. Alcoholic Rehabilitation Program at Raleigh, N. C. Mrs. Lillian Pike is editor. Inventory is owned by N. C. Alcoholic Rehabilitation Program and sent free of charge to those requesting it. 21,183 copies of the March-April, 1966 issue were mailed to readers. The average number of copies of each issue distributed during the past 12 months was 20,815.

Write: INVENTORY, P. O. Box 9494, Raleigh, North Carolina 27603.

SECOND-CLASS POSTAGE PAID AT RALEIGH, N. C. 27602

A chronic alcoholic can not lawfully be convicted for public intoxication according to two recent legal decisions.

TESTING THE LEGALITY OF PUBLIC INTOXICATION LAWS AS THEY RELATE TO ALCOHOLISM: IMPLICATIONS FOR THE ALCOHOLISM FIELD

BY PETER BARTON HUTT

This article is a condensation of a talk made by the author at a session of the 1966 Annual Conference of the National Council on Alcoholism in March. It is published in *Inventory* by permission of the author. Peter Barton Hutt is a practicing attorney in the District of Columbia.

IN early 1964, the Washington D. C. Area Council on Alcoholism approached the National Capital Area Civil Liberties Union with the suggestion that a test case be undertaken to challenge the long-standing practice of punishing chronic alcoholics for public intoxication under the criminal provisions of the District of Columbia Code. The Union agreed that a test case should be explored, and asked me to donate my services for this purpose.

In the summer of 1964 I met with the Corporation Counsel of the District of Columbia and the top members of his staff to determine whether a test case was necessary. These public officials stated that any chronic alcoholic arrested for public intoxication in the District would, if he showed the slightest interest, always be allowed to participate in the alcoholic rehabilitation programs sponsored by the Court and by the Department of Public Health in lieu of criminal punishment. We later discovered that this was not true. Only incipient alcoholics were admitted to any such program. Late-stage alcoholics were simply run through the traditional revolving door process.

These officials assured me that

Editor's Note: Thanks to the cooperation of the National Council on Alcoholism and the authors, *Inventory* has been able to bring you the *entire* session at which this presentation was given. Judge Murtagh's "Comments," Peter Hutt's "Rebuttal" and the "Questions and Answers" were transcribed from a tape recording and edited for publication. This timely information is highly recommended for perusal and study—by all who are interested in "doing something" about the plight of the chronic "drunk court" alcoholic—*before* community action is taken in their behalf.

few, if any, of the derelicts who repeatedly are brought before the District of Columbia Drunk Court have any desire for help, and therefore they cannot possibly be helped. They took the very strong position that these derelicts are useless, hopeless bums, and that any attempt to help them would be a waste of time. Relying upon their long experience in drunk court work, they assured me that these alcoholics are not worth trying to help.

In view of this attitude, we had no choice but to begin legal action. Through the good offices of the Chief Judge of the Court of General Sessions, Theresa Abbott, Executive Director of the Washington D. C. Area Council on Alcoholism, and I were permitted access to the drunk tank in the basement of the Court to interview the prisoners as they were brought in from the police precincts. There, early in the morning of July 6, 1964, I undertook to defend the first of several individuals charged with public intoxication, Walter F. Bowles.

But Walter's case was not to come to trial. Corporation Counsel, after stalling the case for two months, eventually refused to prosecute Walter. I then entered an appearance for three other defendants, and in all three cases Corporation Counsel refused to press the charges when he knew that we would be there to defend them.

Finally, on September 24, 1964, I undertook to defend another derelict charged with public intoxication, DeWitt Easter. This time, through a procedural strategy, the trial judge forced Corporation Counsel to prosecute. A full trial was held during which we presented uncontradicted medical testimony that DeWitt was a chronic alcoholic. The trial judge ruled, however, that chronic alcoholism is irrelevant to a charge of public intoxication, and DeWitt was duly convicted. The issue was thus squarely focused for purposes of appeal: When a defendant is charged with public intoxication, is the fact that he is a chronic alcoholic relevant to establish that he is guiltless, or is it wholly immaterial to his innocence or guilt?

If I may digress one moment, you may be interested in a side story. In my judgment, it never has been, and never should be, the function of a prosecuting attorney to press charges only against those not represented by counsel and to drop charges whenever someone is prepared to contest a charge on what will undoubtedly be an important legal issue. The District of Columbia judges were, to their great credit, shocked by the action of the Corporation Counsel in attempting to avoid the issue that we wished to present. Indeed, it reached a point where, on the morning that Easter finally was prosecuted, the trial judge offered to cooperate with us to the extent that he would release the entire drunk tank in my custody every morning until we broke Corporation Counsel's back. I am glad that we were not forced to that extreme.

The legal arguments that we presented to the trial court, and on our subsequent appeals, are really quite simple. The first is based upon what

(Continued on page 6)

A feature designed to help you keep posted on developments in the field of alcoholism.

WASHINGTON, D. C.: Recent publicity given to the refusal of the United States Supreme Court to hear the case of Budd vs. California has misled many people in the alcoholism field, according to David J. Pittman, president, and Gus Hewlett, executive secretary, of the North American Association of Alcoholism Programs. In order to clear up this misunderstanding, they have released the following letter from Peter Barton Hutt, an attorney who has knowledge of the case and is interested in the problem of alcoholism.

"Enclosed is the Order of the United States Supreme Court denying the Petition for a Writ of Certiorari in the Case of Budd vs. California, with the two opinions dissenting from that Order. Because a decision by the Supreme Court not to hear a case is often misinterpreted by, or misreported to, the general public, it occurred to me that you and others who work in the field of alcoholism would be interested in the background of the case and in the meaning of this order.

"The Supreme Court itself has frequently stated that a refusal to hear an important case carries with it no indication of the Court's position on the issue sought to be presented. On many occasions, the Court has refused to hear a case involving important issues, only to take a later case involving the very same issues.

"There are several reasons why the Supreme Court may have concluded not to take the Budd case, and to defer ruling upon the issue of alcoholism as a criminal offense until a later case. Unfortunately, the Budd case suffered from a troublesome procedural defect unrelated to the merits of the case. Budd's attorneys let the time for a direct appeal from the California decision to the Supreme Court elapse, and instead attempted to obtain a writ of habeas corpus in the California Supreme Court. The California Supreme Court denied habeas corpus without stating its reasons. Budd's attorneys then requested the United States Supreme Court to review this ruling. Unfortunately, because there was no opinion by the California Supreme Court, it is impossible to determine why that Court had turned down the habeas corpus petition. It is a well-recognized rule that as long as there may be a valid State (as opposed to Federal) ground for a state court decision, the Supreme Court will not review the case. In my judgment, this is why the Court denied certiorari in the Budd case.

"A similar problem emerged in a case involving the constitutionality of the District of Columbia vagrancy statute earlier this year. The Supreme Court initially agreed to hear the case, and it was briefed and argued. The Court then concluded that a procedural defect required that the Order to hear the case be vacated. In my judgment, in considering the Budd petition, the Court concluded that it should wait for a case where its jurisdiction is clear rather than repeat the mistake it made in the vagrancy case.

"I was, of course, aware of the procedural problem when we submitted the Amicus Brief in Budd in behalf of NAAAP and other interested organizations. I hoped that the Court would conclude to hear the case anyway. And I certainly do not view the denial of certiorari as a defeat or even a setback.

"The dissenting opinion filed by Mr. Justice Fortas, with which Mr. Justice Douglas concurred, is, I believe, a tremendously important step forward in our efforts to have alcoholism accepted as a disease, rather than as a crime, by the Nation's courts. It is quite unusual, when the Court denies certiorari in a case, for dissenting opinions to be filed. Certainly, Mr. Justice Fortas' dissenting opinion is one of the more forceful and eloquent dissents ever filed from a denial of certiorari. There is no question but that he and Mr. Justice Douglas will, when an alcoholism case is eventually accepted by the Court, take the strong position that an alcoholic cannot constitutionally be punished for exhibiting the symptoms of his disease, public intoxication, in public. And, on the basis of previous cases, it is in my judgment virtually certain that a majority of the Court will concur in this position.

"Workers in the field of alcoholism should now redouble their efforts to bring this fact home to their state and local public officials. Cases are now proceeding through the courts in various states, which may be presented to the Supreme Court within the year. Thus, it can still be anticipated that within a short period of time the United States Supreme Court will hand down a ringing decision adopting the result of the Easter and Driver decisions as a nationwide rule of law. **Public officials should be urged not to wait until action is forced upon them, but rather to act now to set up reasonable public health programs for the treatment of alcoholics before the courts require them to do so.** The chaos that has been forced upon the District of Columbia need not, and should not, be repeated throughout the country.

"As you know from my remarks at the recent Albuquerque meeting, I believe that NAAAP members have the primary duty to initiate reforms of this kind. The Order in the Budd case, properly understood, should only serve to spur on their efforts."

DURHAM, N. C.: Peter Barton Hutt of Washington, D. C. and Ebbe Curtis Hoff of Richmond, Va. were the out-of-state speakers at the North Central Regional Leadership Conference on Alcoholism held October 4 at the Jack Tar Hotel. Hutt, speaking on "The Legal Implications of Alcoholism As an Illness," based his address on two recent court cases which have wide implications in the alcoholism control movement, the Easter and Driver decisions. He was the attorney for Easter. In the other case, involving Joe Driver of Durham, the U. S. Supreme Court reversed a decision of the N. C. Supreme Court which ruled that alcoholism was no defense to the crime of public intoxication. Hutt noted that since the State of North Carolina did not request the U. S. Supreme Court to review the decision, it stands today as the controlling law in this state. He stated that the Driver decision is binding upon every judge in North Carolina, and that since January 22, the date of the ruling, it has been unconstitutional to convict any alcoholic in the state for public intoxication. In view of this "landmark" decision, he suggested that a rule for police to follow would be to either take an alcoholic arrested in public home, or to some medical institution in event he can not take care of himself. Dr. Hoff in his presentation gave an "Overview of Alcoholism." Others on the program included Dr. Charles Vernon, Dr. R. J. Blackley, Dr. N. P. Zarzar and Marshall Abee, all of North Carolina.

we call the common law, and rests upon a traditional theory of criminal responsibility. It has long been held that a person who acts involuntarily is not criminally responsible for his action. For example, an epileptic who suffers a seizure in public and who therefore has committed disorderly conduct is held not to be criminally responsible for his action. Similarly, one who is mentally ill is held not to be criminally responsible for the direct product of his illness. Thus, our first argument was that the alcoholic becomes intoxicated involuntarily and, for that reason, should not be held criminally responsible for his intoxication.

Our second argument is based upon the Eighth Amendment to the United States Constitution, which prohibits cruel and unusual punishment. We contended that criminal conviction of an alcoholic for his public intoxication—which is merely a symptom of his illness — would contravene the Eighth Amendment.

As you may know, we lost on these issues both in the trial court and in the municipal court of appeals. We succeeded, however, in obtaining review in the United States Court of Appeals for the District of Columbia Circuit.

The U. S. Court of Appeals for the District of Columbia handed down a unanimous decision on March 31, 1966, holding that chronic alcoholism is a complete defense to a charge of public intoxication in the District of Columbia. All eight judges recognized that "an essential element of criminal responsibility is the ability to avoid the conduct specified in the definition of the crime," and that a chronic alcoholic "has lost the power of self-control in the use of intoxicating beverages." Thus, they unanimously held that no chronic alcoholic may be subjected to criminal punishment for his public intoxication.

Four of the eight judges also concluded that it would be cruel and unusual punishment, proscribed by the Eighth Amendment, to convict a chronic alcoholic for his public intoxication. The other judges concluded that it was unnecessary to consider the Constitutional question, in view of the common law ground on which the case could be rested. Thus, although the Easter decision does not rest upon the Constitutional ground, the only four judges who reached the Constitutional issue resolved it squarely in our favor.

There is one final point about the Easter decision that deserves special attention. We went to great lengths throughout the case to argue that alcoholism is a separate and distinct disease, albeit of uncertain etiology, and is not a form of mental illness. It would have been very simple to have argued that alcoholism is just another aspect of the well-known insanity defense. We concluded, however, that a decision based upon insanity would have highly detrimental ramifications on the future of alcoholic rehabilitation work. A substantial portion of our brief and oral argument in the U. S. Court of Appeals was therefore spent explaining that alcoholism is a recognized disease in its own right, not to be confused with mental illness.

Fortunately, the Court of Appeals agreed completely with this approach. Its opinion refers to alcoholism in terms of a sickness or disease, and does not even allude to the possibility that it might be considered a form of mental illness. This is, we believe, a substantial step forward. Indeed, it puts the judiciary in perhaps a more enlightened position than many members of the medical profession.

Just a few days after the Easter case was argued in the District of Columbia, a very helpful and far-reaching decision was handed down in the case of Driver v. Hinnant by the United States Court of Appeals for the Fourth Circuit, which sits in Richmond, Virginia. Mr. Driver had been convicted for public intoxication in Durham, North Carolina, for about the 275th time in his life, and was sentenced to two years in jail. His conviction was affirmed by the North Carolina Supreme Court.

After reading Time magazine about our efforts on behalf of Easter, Driver's attorneys brought a habeas corpus action in the District Court in North Carolina to have him released. We submitted amicus briefs both at the trial and appellate levels on behalf of the Washington Area Council on Alcoholism, the American Civil Liberties Union, and the National Capital Area Civil Liberties Union.

The Legal Issue

The legal issue presented in the Driver case was somewhat narrower than the issues presented in the Easter case. The North Carolina Supreme Court had rejected both the common law and the Constitutional arguments presented by Driver. Under our Federal system, the only question that could subsequently be raised in a Federal court, in attempting to overturn the State court determination, was the Constitutional issue. Thus, the common law issue on which we prevailed in the Easter case could not be raised in the Driver case.

Nevertheless, even when faced with what lawyers would agree to be the more difficult of the two questions, the Constitutional issue, the Fourth Circuit did not hesitate to decide in favor of Driver. It squarely held that because Driver's public intoxication was caused by his illness, chronic alcoholism, his criminal conviction constituted cruel and unusual punishment and therefore violated the Eighth Amendment to the United States Constitution.

When the Easter and Driver cases are placed side-by-side, it is readily apparent that they arrive at the same decision although they follow different rationales. Easter holds that the well-settled common law principle—that involuntary action cannot be criminal—requires that decision. Driver holds, in effect, that to ignore the common law principle would constitute a violation of the Eighth Amendment prohibition against cruel and unusual punishment. This merging of basic common law and Constitutional law principles is, to a lawyer, an extremely gratifying result from both an analytical and a practical view.

I am not certain whether it is more difficult for me or for you to understand the truly revoluntionary changes that these decisions have wrought upon the law. Easter and Driver have struck down a practice that has been sanctioned by every-day custom in England and the United States since 1600. They are the only two cases in history—of which I am aware—in which the courts took it upon themselves to tell the legislature in no uncertain terms that activity previously handled as a routine criminal matter is actually medical in nature and must be taken out of the criminal system. Previous changes of this kind—for example recognition of leprosy, insanity, and epilepsy as medical rather than criminal problems—were legislative, not judicial, changes.

I would now like to turn briefly to two subsidiary points: First, the question whether the Easter and Driver cases will afford the defense

of chronic alcoholism to more serious crimes; and second, whether any public intoxication without disorderly conduct can be characterized as a criminal act.

With regard to the first point, I am of the very firm opinion that recognition of chronic alcoholism as a complete defense to a charge of public intoxication necessarily requires the conclusion that, like insanity, it will also be a complete defense to *any* criminal activity of which it is the direct cause. I might as well say right now, since I certainly will be asked, that this applies to any crime, ranging from simple disorderly conduct to murder. On the other hand, I am also of the opinion that only very rarely will the defendant be able successfully to prove the required causal connection between his alcoholism and the crime committed. After all alcoholism has been available as a defense to murder in the State of New Hampshire since 1869 without any devastating effects of which I am aware.

Some have become concerned that recognition of chronic alcoholism as a defense to serious crime will prejudice the good name of the alcoholism movement. My answer to that—if I may be blunt—is that I do not really care whether it does or does not. If the respectability of the alcoholism movement can be purchased only at the expense of jailing innocent victims of the disease, who have involuntarily committed major crimes, then it is in my judgment not worth the price.

The second subsidiary point, whether public intoxication without disorderly conduct can properly be considered a crime, has been eloquently and quite persuasively urged by Judge Murtagh on a number of occasions. We concluded that the point should not be raised in the Easter

Thoughtful medical and legal

and Driver cases because it would diffuse the otherwise clear focus on the issue of chronic alcoholism. Beyond that, however, I see a major difficulty with the point.

It appears from my limited reading in the field that criminal activity is often associated with intoxication even though chronic alcoholism is not. If this is true, a legislature's decision to minimize the likelihood of criminal activity by proscribing a major cause, intoxication, would seem to be justified. I hope, in any event, that Judge Murtagh will discuss this further when he has an opportunity to comment later.

With the Easter and Driver decisions now handed down, greater attention is being focused throughout the country on what should be done with the chronic inebriate court offenders if they are not to be jailed.

Among the possible alternatives to criminal imprisonment of chronic alcoholics, some form of civil commitment for involuntary treatment is undoubtedly most frequently mentioned. In many states, indeed, civil commitment statutes have already been enacted into law. Some deal generally with mental illness and others specifically with alcoholism. Thus, those who are now turning their attention to possible solutions to the problems that will arise when the Easter and Driver decisions are fully implemented, readily turn to civil commitment procedures.

I have grave doubts, however, about the Constitutionality of wholesale civil commitment of chronic alcoholics. We have not fought for two years to extract DeWitt Easter, Joe Driver and their colleagues from jail only to have them involuntarily committed for an even longer period of

time, with no assurance of appropriate rehabilitative help and treatment, to perhaps a far worse form of imprisonment. The euphemistic name "civil commitment" can easily hide nothing more than permanent incarceration.

Thus I would caution those who might rush headlong to adopt civil commitment procedures and remind them that just as difficult legal problems exist there as with the ordinary jail sentence. Thoughtful medical and legal analysis of any new proposals is essential before they are adopted.

We do not have the time today to go into all of the difficult questions that must squarely be faced and resolved before new procedures for handling our chronic alcoholic derelict population can be instituted. I would, however, like to focus briefly upon some of the basic Constitutional issues involved.

Each of us in our daily lives assumes an enormous number of risks to life and limb. The habitual smoker assumes—if we are to believe the Surgeon General's Report—a significantly increased risk of cancer and other serious diseases. Those who consume large amounts of dairy products assume—if we are to believe the American Heart Association—a significantly increased risk of heart disease. Even those who merely ride in automobiles daily risk life and limb.

These risks are assumed, for the most part, with full knowledge that they exist. The ordinary individual simply balances the risk against the pleasure and convenience which he derives from these activities, and arrives at a personal judgment about his actions.

I have never heard it suggested that the habitual cigarette smoker, the dairy product enthusiast, or the chronic automobile user be committed to some form of appropriate institution to persuade him to change his ways. This type of Kafka world has not yet arrived.

More pointedly, there are some in our society who daily choose to hazard even far greater risks than you or I would choose. The airplane test pilot, the war correspondent, the high trapeze artist, and the mountain climber daily place their lives in jeopardy in a way that many of us would conclude to be ill-advised. Not only is there no law against their activities but, in many ways, our society looks upon them as heroes whose bravery in the face of danger is to be admired.

In what way, then, is the alcoholic different. It may be that DeWitt Easter and Joe Driver fully appreciate that their constant imbibing will shorten their life expectancies. It may be that they prefer this way of life to any other. And it may well be that they want no part of rehabilitative treatment however enlightened it may be.

Are we to sit in judgment over these people, and put them away against their wishes just because their way of life is not of our choosing? If they are mentally competent to conclude that they prefer the risks of freedom to the benevolent protection of commitment, can we force the latter upon them anyway? We must particularly be on guard to avoid the easy, but obviously erroneous, assumption that an alcoholic who would prefer the risks of freedom is necessarily not mentally competent to make that decision. That assumption could as readily be

made for the test pilot, the war correspondent, and the mountain climber.

Closely related to this are the questions whether a likelihood of injury to self or others is a Constitutional prerequisite to civil commitment as a chronic alcoholic, and whether the typical chronic alcoholic exhibits any such likelihood. We can all agree, I believe, that the typical skid-row alcoholic raises very little, if any threat to the community. He is typically passive, weak and chronically debilitated. Thus, the real question is whether he exhibits sufficient likelihood of injury to himself that the community is justified in preventing self-inflicted harm.

This immediately raises, of course, the further issue whether self-inflicted injury must be traumatic, as opposed to degenerative; imminent, as opposed to remote in time; and acute, as opposed to chronic in nature. It is obvious that most people subject to self-inflicted injuries are not committed to institutions. The best example may be the elderly, whose increased senility exposes them to all sorts of potential hazards—particularly, bad falls. The habitual cigarette smoker may also be shortening his life-span just as the alcoholic is, yet we impose no civil commitment there, nor would the community tolerate it at this point in history. And it would appear, incidentally, that the statistics on smoking are quite similar to the type of statistics I have seen on the effects of alcoholism on the life-span of the alcoholic.

There is an equally serious question whether even the likelihood of imminent and traumatic self-inflicted injury is sufficient to justify civil commitment procedures if the individual concerned is judged to have the mental capacity to make the decision for himself. Certainly, the In-

If these decisions are to be

dianapolis Speedway driver, the war correspondent, and the test pilot are at least as subject to imminent and traumatic self-inflicted harm as are the skid-row chronic alcoholics. Their projected life-span might, indeed, be considerably shorter. Even though you and I may doubt the wisdom of their choice of occupation, we do not question their right to make that choice if they are mentally competent to make it. We must also be careful not to deny that freedom of choice to the chronic alcoholic.

Some have argued that one major factor distinguishes the alcoholic. The public drunk, whether an alcoholic or the normal individual out on a spree, is often unsightly. Even when not creating a public disturbance, he may be something of an esthetic public nuisance. The typical skid-row alcoholic is, moreover, unquestionably a public charge who creates monumental community problems, albeit not of a criminal nature. Thus, control of a public charge and public nuisance has been suggested by some as a possible Constitutional justification for civil commitment.

Certainly, the habitual cigarette smoker or the war correspondent would not fit into the category either of a public nuisance or of a public charge. But whether the elderly would fit into these categories may depend upon the individual concerned. The problem of the Constitutionality of civil commitment of a destitute and senile individual is now pending in the United States Court of Appeals for the District of Columbia in a case argued the same day as the Easter case. The decision in that case may provide us with helpful guidelines for handling the

alcoholic in the future.

It must be remembered, as Judge Murtagh has cogently pointed out on many occasions, that if civil commitment of a chronic alcoholic is to be tolerated solely on the grounds of controlling a public charge and public nuisance, then civil commitment of all public charges and public nuisances is similarly justifiable. In essense it would make no difference whether the individual was simply a homeless derelict or an alcoholic. Indeed, it would make no difference whether he was a destitute cripple or a member of the vast group of our able-bodied, but unemployed, population who derives his support primarily from welfare payments. If a chronic alcoholic can be civilly committed because he is esthetically unacceptable, then the same would apply to all these others. I think that you and I could agree that this prospect is as frightening as it is obviously unacceptable.

This cursory review suggests two very broad, and perhaps not very helpful, conclusions. First, to the extent that treatment for alcoholism can be kept on a voluntary basis, extremely difficult Constitutional questions can be avoided. Second, to the extent that halfway houses can be used in lieu of full-time residential facilities, those same difficult Constitutional problems can be minimized.

I do not mean to suggest, however, that I have already come to any firm conclusion on the broad Constitutional and other legal limitations on civil commitment procedures, or any other type of procedures that might be used in handling the chronic alcoholic. The fact is that I simply have not done the research and hard thinking necessary before intelligent conclusions can be reached. Nor, to the best of my knowledge, has anyone else done so. It is obvious that some person or group of persons must sit down and make this analysis before new procedures are adopted.

This brings me to perhaps the most important question that can be raised today—what use the National Council on Alcoholism and its affiliates can make of the Easter and Driver decisions. I would hope that we could agree on one fundamental point in this regard. These decisions will have been a total waste of time and energy if they are not immediately and effectively put to use by you and your co-workers in the field of alcoholism. They must not be relegated to footnote material in the learned talks repeated at every meeting and conference concerned with the problems of alcoholism. They must be used, not simply perused.

The time has passed when it was useful simply to spread the word that alcoholism is, indeed, a disease. The real questions, now, are "So What? What does this mean for the alcoholic?" And your job, as I understand it, is to answer that question in the most direct and practicable way that can be found in your individual communities.

The Easter and Driver cases have provided one answer to that question. A chronic alcoholic cannot lawfully be convicted for public intoxication. But it is apparent that these legal decisions will never be implemented without your help. Both the local judiciary and the local lawyers throughout the country must be informed about them. Representatives of the local Civil Liberties Union will undoubtedly be happy to cooperate

with you in these efforts, but it is clear that you have the primary responsibility for initiating an educational program. I am hopeful that the National Council will undertake to provide all affiliates with the materials necessary for such a program.

In the District of Columbia, for example, we have found that the procedures for handling alcoholics in the Court of General Sessions has not changed at all since the Easter case was handed down. I would imagine that the same is, for the most part, true in all of the five States within the Fourth Circuit. We are now engaged in an attempt to persuade our local trial judges that, because the vast majority of the skid-row derelicts who repeatedly appear before the court on a charge of public intoxication are chronic alcoholics, they have a duty to inquire into the possible applicability of the Easter defense in each case. Our position is based upon a series of cases in which the courts have held that judges have a duty to inject the defense of mental illness in any case in which they have reason to believe it may be applicable to a defendant, even if the defendant protests.

It may be necessary, in order to establish this principle, for us to go back to court to represent an obvious alcoholic who was convicted of public intoxication without consideration of the possible applicability of the Easter defense. If we fail in our efforts to persuade the local judges to implement the Easter decision on their own, we certainly will not hesitate to go back to court. And you, in the rest of the country, should also not hesitate to go into the courts to establish these principles where purely educational efforts fail.

Up to now the National Council has apparently chosen not to press for the legal rights of alcoholics in the courts. I have seen reference to only one lawsuit in which it has submitted an amicus brief. I am hopeful, however, that the Easter and Driver decisions will persuade them that fruitful results can be obtained by this approach.

As a complete outsider to this field, I am struck by the fact that the legal rights of the alcoholic today are in just about the same position as the legal rights of the Negro in 1954. The Easter and Driver cases provide you with the same opportunity that the 1954 Supreme Court decision in Brown v. Board of Education provided the Negro. If you decide to take advantage of that opportunity, the alcoholic can achieve the same progress in his legal rights in the next ten years as the Negro has achieved in the past ten years.

For there are any number of local and national issues beyond the mere question of incarceration for public intoxication on which the Easter and Driver decisions have a very strong and important bearing. The question whether alcoholism is considered a disabling disease under state and local Civil Service laws, and in the Armed Forces, not to mention Veterans' Hospitals, has thus far largely been resolved by treating it as a moral problem rather than as an illness. A new and vigorous attack can now be mounted against this position, supported by authoritative case law.

The entire field of Federal health legislation has been wholly neglected by the National Council up to now. An amazing number of statutes providing for comprehensive Federal efforts in all areas of public health have been enacted in the past ten years. To the best of my knoweldge, however, there has been little or

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Published by permission of the author, this article is based on a talk given at the 1966 Annual Conference of the National Conference on Alcoholism. Judge John M. Murtagh is the Administrative Judge of the Criminal Court of the City of New York.

A sound philosophy of law is needed to give us better police forces and criminal judicial systems. The key is the restricting of conduct that disturbs others.

COMMENTS ON PETER HUTT'S REMARKS on the EASTER-DRIVER CASES

BY JUDGE JOHN M. MURTAGH

I sincerely congratulate Peter Hutt for his great industry, his legal brilliance and, above all, his *true* accomplishment. Few pieces of litigation ever have the impact that the Easter decision doubtless will in the years to come.

Curiously, in some respects, my remarks will be in disagreement with Peter. Doubtless two persons could scarcely be closer together in what I might somewhat boastfully refer to as our human instincts, our objects, our agreement on ultimate conclusions, and yet considerably apart in our approach. This won't surprise Peter. We had the good fortune to talk before he reached the circuit court. I made known to him then that, rightly or wrongly, I should like the problem to have been approached somewhat differently in many ways.

I think I have the humility to know that I may be crazy. Nonetheless, in order to provoke discussion, and with the perhaps naive hope that we may get a more profound understanding of the issue, I will attempt to set forth my view.

Perhaps the best reason—if it is valid—for disagreement would be the ultimate, and the more

hasty, attainment of our common object. I did express to Peter that the reason I would have been inclined to take a different approach was the fact that I was fearful that the decision—if it came out as it has—would essentially be an interesting intellectual exercise without influencing actual judicial practice. Peter honestly reflected the fact here today that as yet the dividends from the Easter decision and the Driver decision are essentially nil. Those of us who are avid readers of the New York Times read an account to this effect last Sunday. Essentially it reflected the existence of the Easter decision and the fact that things are going on just as usual in the District of Columbia.

What is the New York picture? I refer to actual court practice in Part 10, New York County, March, 1966. This is that part of court under the existing new criminal court structure that has solely to do with chronic drunk arrests. One of the great innovations in New York State brought about by recent Supreme Court decisions, and aided and abetted by enlightened statutory provision, is that we must now make available free counsel to any indigent but, of course, he can turn it down.

As the administrative judge I haven't, for a variety of reasons, attempted to mold the opinion of my colleagues in this or any other field. The one influence I had in the result that I will recount with regard to Part 10 is that I did bring about the situation where these indigents—if they said they didn't have counsel and couldn't afford counsel—were assigned counsel whether they asked for it or not.

In March, 1966, there were somewhat over 1250 chronic drunk arrests in New York County. Under the new law every one of this group of

The problem facing the court is

over 1250 was represented by counsel. Forty-six out of the group elected to plead guilty and all got workhouse sentences. The meaning of this, I am assured, is that 46 fellows were in such hopeless condition, that, in their desperation, they *wanted* to be locked up. So despite its dedication, legal aid acquiesced in their demand.

All of the more than 1200 others who did not plead guilty stood trial. Only one was convicted. The remainder were acquitted. They walked out free men as they should.

This is my idea of results. In New York City drunk arrests are becoming a thing of the past. We are recognizing the fundamental law implicit in the Easter decision. In the District of Columbia and elsewhere, they have not reached that point.

Going back historically, we have always been in New York, to a degree, in a position to boast of being somewhat different in this area. Back in the 1800's and early 1900's we prosecuted under a public intoxication statute. Around 1870 we made just about the same number of arrests as we make corresponding arrests today despite the fact that we didn't have an eighth of the population. We carried on then much as so many cities do now. Over 40,000 people were arrested annually in New York City for public intoxication in the 1870's and, interestingly enough, one-third of them were members of the fair sex. I mention this particular thing to point up the true nature of the problem. This is not a problem of alcoholism. Peter used the word euphemistic in referring to civil commitment. The phrase public intoxication is euphemistic. The problem con-

the condition of human degradation not public intoxication.

fronting the court is not the condition of public intoxication but human degradation.

The people who were brought before the courts in the 1870's and the people who have been brought before all the courts down over the years for the charge of public intoxication were the inadequate human beings for whom society was inadequate to make provision. In the 1870's it was the hopeless, helpless, immigrant from abroad escaping from a degradation in Ireland and elsewhere to a community that was ill equipped to provide for him. Society's only answer then was to "lock the bum up." The same thing is going on throughout the country today.

Over the years New York City has tended to be on the lenient side to a degree. This is particularly true of the early 1900's. Then in 1936 we had an interesting magistrate, Henry Oliver, who later became a justice of the Court of Special Sessions. Henry Oliver, who is still alive today in Bronx County though he must be in his 90's, was profound before his time. He was applying so many of the decisions that are current by the United States Supreme Court long before they were recognized as law. He had an instinct, a revulsion against police oppression. He was the great civil libertarian of New York of his day.

One day a derelict by the name of Schleicher came before him on a drunk and disorderly charge. The complaint alleged that Louis Schleicher was lying on the sidewalk under the influence of liquor. Judge Oliver looked at the complaint and made and granted a motion to dismiss on the grounds that the complaint was insufficient. You might well ask why did he grant the motion when the statute provided that anyone who was drunk in public was guilty of an offense?

Curiously, I came across this case the first time after an experience at the Yale School of Alcohol Studies. In a subsequent talk on law and alcoholism at Syracuse, I made reference to the fact that in New York City we charged the fellows with disorderly conduct. One in my audience, unfortunately, was a member of the bar. So when the question and answer period came he inquired as to why, if I was so intolerant of locking up fellows for disorderly conduct when manifestly they weren't disorderly, we didn't charge them with public intoxication? I double talked, the only thing I could do because I had never heard of the section on public intoxication.

I looked up the penal law when I got back to New York and found that there was a section that made it an offense to be drunk in public, but it applied to every county in the State with the exception of the five counties of the City of New York.

I thought then that I had my answer. In the meantime I talked to my colleagues and found that they were similarly ignorant. About two years later, however, I stumbled across a comparable section in the New York City Criminal Courts Act which was applicable to New York. Then, of course, I was completely bewildered as to why my colleagues and I were ignorant of the existence of the statute and why, above all, we invariably prosecuted under a

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REBUTTAL TO JUDGE MURTAGH'S COMMENTS

BY PETER BARTON HUTT

"I am in agreement with Judge Murtagh's analysis of this problem, and I told him that we would be back in court with the Murtagh case after we won the Easter and Driver cases."

From a session of the Annual Conference of the National Council on Alcoholism, March, 1966.

WHEN I agreed to come here today, I virtually insisted that Judge Murtagh also be here so that you could hear his side of the story. I certainly have enjoyed it.

The first point I would like to make in rebuttal, Judge Murtagh, is that—if I recall your timing—the decision in New York which was implemented in March of 1966 was handed down in 1936. That gives me thirty years to implement the Easter decision.

I did not expect things in the District of Columbia to change overnight, and it is quite clear they are not going to. But I think we have made a good start, and I think that the changes are not necessarily going to come in the court but in the congressional legislation that is being proposed and, even more fundamental, in the change of heart of the District of Columbia officials who are going to institute new procedures and are already working on them. If we get treatment facilities, a detoxification center, and other facilities of that kind, I do not care what the change in judicial law is. The change in the handling of the people is, I would

agree with you, far more important.

Second, I would like to point out that I am in full agreement with Judge Murtagh's analysis of this problem as not merely one of chronic alcoholism but as one more fundamentally of human degradation. Although I would agree with him in philosophy, the problem I had was that my function in this entire matter is one of a litigating attorney. A litigating attorney is faced with the question of what case can you win and what case are you likely to lose. For better or for worse, I came to the very clear conclusion that I was very likely to lose Judge Murtagh's case, and I was clearly going to win mine. And I thought it would hurt the entire cause more by losing his case than would justify the risk involved in doing it. He and I, as he mentioned, debated this earlier and went our separate ways with our separate opinions. I do want to emphasize that I am in full agreement with his philosophy, and I told him at that time that when we won the Easter and Driver cases we would be back in the courts with the Murtagh case.

On the question of how you determine whether a man is a chronic alcoholic or not, I believe this question is going to be resolved in the District of Columbia in two ways: First, a probation officer is stationed in the court and is available to the judges at all times. Second, the man's criminal record is right in front of the judge. He can get a pretty good idea by looking at the record and talking with the probation officer whether the man is a chronic alcoholic and, therefore, can apply the law, I would suggest, in a matter of five minutes rather than 30 days. It will not always be accurate, but in that kind of circumstance, if we can convince the judiciary to act, I think it will be as just a result as can be expected under the circumstances.

The problem is getting the judges to do this. I mentioned that our judges are not convinced they want to apply the Easter case. In fact I am afraid it is a little deeper than that. They probably are convinced they do not want to apply it because it will "mess up the courts." It will not provide for an orderly flow of individuals through the courts in the way that Judge Murtagh described. If anything, the procedure today is worse than Judge Murtagh described it. Judges are less humanistic. The prosecuting attorneys are less and less concerned everyday with the individuals they are charged with prosecuting on behalf of the District of Columbia. I do not know that there is any solution to that, except to get good, humane prosecuting attorneys and humane judges.

disorderly conduct statute. That led me to find the Louis Schleicher case.

It developed that Henry Oliver, with his instinct for justice, made this decision in the Louis Schleicher case and it was largely ignored for four years (which is hopeful from the standpoint of the Easter case). Then it suddenly came to light. We got a new chief magistrate in 1940, Henry H. Curran. Apparently he knew of the People v. Schleicher, or the general thinking, but in any event he directed the Clerks of Court to send to headquarters all the forms dealing with public intoxication and exercising his administrative authority he directed that they all be burned. From that point on, the cops were in effect stopped from making a charge of public intoxication. And we proceeded to charge them with disorderly conduct.

The arrests didn't change greatly because of this. We arrested much the same numbers, much the same people. On the charge of disorderly conduct, they always pleaded guilty and took their time. But, at least, it was a blow in the right direction. Things went on until 1960 when the New York City Criminal Courts Act was studied and reviewed for complete overhauling. My opinion was asked of the new draft which took in the section on public intoxication. I pointed out that it had been a dead letter for 22 years and, interestingly, as a result it was scrapped. So we don't in New York City today have a public intoxication statute.

Now all of this is important only in that it raises the question of disorderly conduct. This issue is still boiling in the District of Columbia where the statute is anything but clear. There is a little involvement that suggests that maybe the legislature was talking of confining drunk arrests to those who were disorder-

"We have a right to sin from

ly, and so counsel is arguing that to make out the case you need allege more than public intoxication. You have to allege also that he is disturbing others. Now, why do I make so much of this point? I make so much of it because it goes to the heart of all criminal law. Even those of us who have developed this truly great interest in alcoholism, if we have depth and I'm sure all of us have, know that there are a great many other things going on in the world.

In my professional life inescapably I'm a little narrow. I go a little beyond alcoholism, but I do tend to have a one-track mind on criminal law. The one thing I aspire to is to improving the criminal law through the adoption of a philosophy that is sound. Police enforcement and the administration of criminal justice in the United States leaves much to be desired, and the primary reason is that it lacks a fundamental philosophy. The key to that philosophy to my mind is to confine it to deviant conduct that disturbs others.

Personally I tend to take a completely thomistic philosophy. Many of us don't accept a thomistic philosophy, but I'm sure those of us who have dwelt in the criminal law will tend to buy essentially that in that area at least. A thomistic philosophy provides in effect that human law as distinguished from the moral law or the law laid down by God is very restricted; that in the nature of things the Lord didn't invest in the hands of the police, the judge, or government broad authority over his fellow man, but only limited authority to restrict him from conduct that interferes with others. We have a right to sin from now until the cows

come home if we don't disturb others. We're accountable to someone else, but not to the police and the courts.

So it is with the chronic drunk. If I want to get plastered tonight and walk out of the Waldorf and I don't disturb anyone else, why in the world should society waste its time on me? This is essentially a private matter. That is why I disagree with Peter. I should like to put the real emphasis where it belongs. This is a much broader issue than the responsibility of the alcoholic. This is a fundamental issue of the validity of society's criminal laws. If this kind of philosophy would only be adopted, my life would be so much easier, and I think we'd all be a lot saner.

In the United States somewhere in the area of 40 per cent of all criminal arrests are for public intoxication. When Henry Oliver made the Schleicher decision he didn't have the section on public intoxication that exists in the District of Columbia before him. The statute he read said absolutely nothing about disorderly conduct, but somehow his eyes saw it. I don't know whether he was a thomistic philosopher or not, but he was a philosopher. He was a sound human being who had a knowledge of the limitations of the law, and he said in effect as he read that statute, "The legislature was inescapably limited. It had no right to tell me that I can't get drunk and walk down the street. It had a right to tell me that I can't disturb my fellowman, but it had no right to proscribe public intoxication. It intended only to proscribe public intoxication to the degree that it affected others." So Henry Oliver, by sound rules of statutory construction, read those words intelligently and in a limited way in order to give them validity. That was the rationale and intelligence behind his decision.

I am of course happy that we chucked this ambiguous section off the book in New York and confined the police to the traditional disorderly conduct section, but had we done this and nothing more we would be in the same position as the court in the District of Columbia. The decision by Henry Oliver back in 1936 was a dead letter by itself, and it was not I who gave it life by a long sight. I lived with the existence of that decision for the last sixteen years and never saw it implemented. The thing that did implement it though was the wisdom of the times that dictated the assignment of counsel who could point it out to the courts. If our courts will apply a sound philosophy of law and provide the spokesmen who will force the issue, then and only then will he get results.

You might well ask, can't we just as well bring it about through the teaching of the Easter case? The Easter case is the spokesman for the alcoholic. We are all good friends of the alcoholics, and I don't think I have to argue my own understanding of the problem. But there are a few others in the world who don't have that problem who also deserve consideration. The bulk of those on skid row will probably not be classified as alcoholics in the sense that you and I use the term. Yet they are hopelessly inadequate people, people who are overindulging as an escape. They, under the Easter case, would not be included. An even more practical weakness is the fact that the

procedure that would have to be used to give it reality would almost itself be cruel and inhumane. How could one determine that a person is an alcoholic without giving him a period of about 30 days institutionalization to arrive at that result? As the New York Times pointed out on Sunday, the skid-row derelict in the District of Columbia has shown no initiative to proclaim he's an alcoholic because the result would be almost worse than the disease.

Moreover I don't think the Easter decision is practical and, more fundamentally, the arrest shouldn't be made whether the individual is an alcoholic or not unless he is disturbing others. Now, if he is disturbing others, I'm afraid we have to grant that we have to make the arrest whether he be alcoholic or not. We don't have laws because we are omniscent. Only the Lord himself knows the subjective responsibility of the wrongdoer. The primary purpose of the criminal law in this day and age is to enable the rest of society to live in peace. On the plus side, the figures I cited on Part 10 in 1966 indicate that the percentage of your chronic drunk arrests who are in fact drunk and disorderly will be less than one-tenth of one per cent.

Let me point up the barbarity of the approach in many areas by referring briefly to a visit I made to the Court of General Sessions of the District of Columbia less than a year ago. I have always been utterly ashamed of the cruelty of our approach in New York, during the past sixteen years, but our cruelty is as nothing to what I witnessed in the District of Columbia.

Specifically on the day that I visited there was a judge presiding who had scarcely heard of the milk of human kindness, despite the fact that he had spent many years on the bench. Many of his sentences amounted to 90 days, the maximum, and were handed down with the apparent feeling that the legislature was inadequate in making this the maximum. He added a money fine and an alternative of 30 days which was a round about judicial way of making it four months.

As a result, a number of the skid-row derelicts had the initiative to challenge him and plead not guilty, with the result that there was considerable litigation going on which is very distasteful to a court when it is dealing with volumes of human beings. So a short cut had to be determined upon. Any aggressive police approach has the detraction of involving manpower, not just judicial alone, but more frequently police manpower. If a large percentage of these derelicts decided to plead not guilty, can you imagine how many cops would be tied up? Well, that's what happened in the District of Columbia and in order to get around it they hit upon this device:

Turnkey's Testimony

After the fellow was picked up from the street and brought to a cell, the jailer, or the turnkey as he is referred to, opened the cell about 2 a.m. and, seeing him lying there in the cell, inquired of him as to how he was going to plead in the morning and, frequently, the fellow said guilty. So then the police officer would be excused and in that way an attempt was made to reduce the number of cops who would have to show up. But, as you probably have already guessed, some of these lads, by the time they had sobered up in the morning, had changed their minds. Now what do you suppose happened then?

Do you suppose that in accordance

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A chronic alcoholic may decide in his sober moments that he wants no part of treatment, but there is grave doubt that you could sustain to the satisfaction of the court that he is necessarily mentally incompetent to decide.

QUESTIONS & ANSWERS about the EASTER and DRIVER DECISIONS

Judge Murtagh would emphasize philosophy rather than psychiatry until scientific knowledge of subjective responsibility is more adequate.

From a session of the Annual Conference of the National Council on Alcoholism, March, 1966.

IT seems to me, Mr. Hutt, that you stated two principles that are inconsistent one with the other. In the Easter case, the man was acquitted because he was a person who acted involuntarily and was not criminally responsible, yet you said that you did not think a man (chronic alcoholic) should ever be committed because he is mentally incompetent?

Mr. Hutt:

It may be that the chronic alcoholic in his sober moments realizes that he is a chronic alcoholic and that he needs treatment, and yet he may consciously decide he would rather remain a chronic alcoholic for the rest of his life and never to get treated. He simply does not want to be treated. It is not worth the price to him.

Now the decision as to whether he is mentally competent or not is one I am not competent to make because I am not a psy-

chiatrist or a physician. From the small amount of reading and talking to people that I have done, I think there is grave doubt that you could sustain to the satisfaction of the court that all chronic alcoholics are necessarily mentally incompetent any more than all Indianapolis speedway racers are necessarily mentally incompetent. In fact I think the latter would be a little easier from my point of view. This is the problem to which I was referring.

Question:

I'd like to ask Judge Murtagh to comment on the argument advanced by Peter Hutt the thrust of which as I understood it was that a chronic alcoholic not being responsible for his conduct under any circumstances, social or anti-social, could not be punished or convicted of any crime no matter how serious its nature —and Peter even included murder in that category.

Mr. Hutt:

. . . with the caveat that the burden of proof would be on the chronic alcoholic to prove that the crime was the direct product of his alcoholism.

Judge Murtagh:

I'm not sure that I have arrived at a complete decision on it. I'm inclined to be in disagreement with Peter. Maybe here I'm too conservative to use broad labels, too realistic, or what have you. Basically our knowledge of the human mind is terribly limited. Those of us who are acquainted with the law know the great struggle of the law to develop rationale that is satisfactory as to mental responsibility. We first have the McNaughton rule, then the District of Columbia gave us the Durham rule, and here in the Southern District of New York recently we got a new rule and one thing after another. It's a groping to try to express satisfactorily, and in a manner that is practical in a court room, a yardstick to determine responsibility. Now I think personally it's a little impossible.

Number one, I point up the fact that the great impetus for this attempt to have a rule to determine responsibiilty is capital punishment. Were it not for man's inhumanity to man, man's presumption to take the life of another because he has done something "wrong," I don't think there ever would have been the premature attempt to express legally a definition of responsibility. To the degree that we are departing from that, we have eased the situation. Whether it's the McNaughton rule, whether it is the irresistible impulse theory which comes close to what Peter is talking to, or any other rationale, they are improvisations, attempts to determine mental re-

sponsibility.

Practically speaking, if a person is deviant, regardless of the degree of his subjective responsibility, in order for you and I to live more peacefully whether the fellow is a burglar, a rapist, a chronic drunk who is disorderly, or what not, we do in fairness to the rest of us have to use a degree of coercion, a degree of segregation. That to my mind is the primary justification for the criminal law. I am no longer old-fashioned enough to presume to judge the degree of a person's deviancy. I leave that to the Lord himself. Only He knows to what degree I have free will or you have free will. We can make limited hypotheses as to the rationality of a given person, but they *are* limited. For us to *really* aspire in the present state of psychiatry's knowledge to really *know* I think is manifestly scientifically unsound. So I am inclined rather to veer to a philosophy of the criminal law that determines not who is a sinner, but rather who should be segregated. And I think if we put our primary emphasis on a sound philosophy of law and wait until the day, if ever, when man will have enough of a scientific knowledge of subjective responsibility to frame a more adequate definition, then I think we will be wise. I would put the emphasis on philosophy rather than psychiatry.

TESTING THE LEGALITY

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no reference to alcoholism in these statutes or their legislative histories. I find this incredible.

One recent example will suffice. In February of this year, Congressman Fogarty introduced a bill to establish a program to protect against many common chronic diseases, including heart and vascular diseases, cancer, diabetes, tuberculosis, glaucoma, and kidney disease. Alcoholism is also a chronic disease, yet there was no mention of it in the bill. Presumably, unless interested organizations pursue this and like matters, alcoholism will continue to be ignored.

The result of this neglect on the Federal level is readily apparent. I brought with me today a copy of the Catalog of Federal Programs for Individual and Community Improvement, published in December of 1965, by the Office of Economic Opportunity. This catalog, which contains a description of all Governmental programs designed to help individuals and communities meet their own goals for economic and social development, is some 414 pages long. Not once in this catalog does the word "alcoholism" appear.

I could give many other examples, but they would simply belabor the point. It is obvious to even the most casual observer that much must be done, both on the local and national levels, to obtain a fundamental governmental commitment to the treatment of alcoholism and the rehabilitation of alcoholics. I would hope that the Easter and Driver cases, and the nation-wide publicity that has focused upon them, will give you the impetus to extract such a commitment and to turn it into a full-blown attack upon this disease.

Gives Progress Report

October 6, 1966

The National Council on Alcoholism has informed me of your request to print my April 12, 1966 talk at the NCA Annual Meeting in your publication *Inventory*. I am happy to approve the version you propose to publish, together with Judge Murtagh's remarks, my brief "rebuttal," and the questions and answers.

Developments in the District of Columbia since my talk at the annual conference of the National Council on alcoholism have, I believe, demonstrated the beneficial results that can be obtained from a legal attack upon the revolving door process. Beginning in May, most of the judges sitting in our local Court of General Sessions accepted our argument that a trial judge is obligated to raise the defense of chronic alcoholism for any defendant charged with public intoxication who appears to have a drinking problem. As of October 3, exactly 2,719 individuals have been listed as adjudged chronic alcoholics in the District of Columbia and, therefore, under the *Easter* decision, may never again be convicted for their public intoxication.

This gratifying response of the judiciary has, in turn, focused tremendous public pressure upon the District of Columbia Government to provide adequate public health facilities for chronic alcoholics, to replace the old criminal facilities. We have not yet obtained these facilities, but I am confident that they will be forthcoming in the near future.

Once appropriate public health facilities for chronic alcoholics are obtained, we will immediately press for new legal procedures under which intoxicated individuals are taken by the police to a detoxification center staffed by the Department of Public Health, without the necessity for an arrest, rather than to jail. Indeed, the District of Columbia Government has already indicated that it approves this type of publice health approach, and has announced plans for a pilot detoxification center containing 50 beds.

In the last analysis, therefore, the end objective of the divergent approaches advocated by Judge Murtagh and by me are identical. It is merely the route by which they are to be obtained that differs.

As I stressed in my NCA talk, the *Easter* and *Driver* decisions in changing local law and practice will be directly proportional to the vigor with which the issues are pursued in local communities throughout the country by those interested in the problem of alcoholism. Certainly, the success obtained in the District of Columbia should provide encouragement for those throughout the rest of the country to press even harder in the months to come.

I would very much appreciate your publishing the contents of this letter in *Inventory,* to bring your readers up-to-date on the impact of the recent decisions.

Peter Barton Hutt
Washington, D. C.

VOL. 16, NO. 1 INVENTORY JULY-SEPTEMBER, 1966

ARTICLES AND FEATURES OF INTEREST ON ALCOHOL AND ALCOHOLISM

THE variety of things that are happily swallowed, inhaled or injected continues to increase as the chemical route to adventure, comfort and a trouble-free life becomes more popular. The health aspects of this trend can only be considered in a very general way in a brief article of this kind; the social, political, economic, legal and moral implications can merely be mentioned.

With all of the liquids, solids and gases that can somehow enter the human body, one basic rule always applies—there is a limit to the quantity that can be safely absorbed. Danger is determined by three factors: the relative danger of the substance, the amount taken over a given time, and the resistance of the individual.

These factors affect the direct or unlearned responses to any stimulus from the environment—physical, bacterial, chemical or other—and in most areas have led to successful programs to improve health and extend life expectancy. Purification of water, milk and food has markedly reduced the quantity of bacteria encountered in civilized countries, while resistance has been increased by vaccination and strongly reinforced when necessary by antibiotics. The net result has been a marked increase in life expectancy during the last century. In industrial situations involving chemical hazards, the amount to which employees are exposed is being kept below dangerous limits more and more effectively.

In dangerous quantities most gases, liquids and solids produce unpleasant effects. Under these circumstances awareness of danger can be an effective deterrent. A bewildering variety of substances are also available that can produce pleasurable effects in both safe and dangerous quantities. A desire to eat, drink, smoke, or use drugs may be either safe or dangerous, according to the particular effects desired and the amounts required to produce them. The stronger the desire, the more difficult it is to control, the bigger the dose, and the greater the risk of physical, mental and social damage.

As the rewards from people increase interest in chemical comforts should diminish to safer levels.

CHEMICAL COMFORTS

BY R. GORDON BELL, M.D.

This article was originally published in *the Decisive Years,* a book directed to Canadian university and high school students, published by the Townley Publishing Company Ltd. of Toronto, Can. It later appeared in *Addictions,* the quarterly publication of the Alcoholism and Drug Addiction Research Foundation of Ontario. Its use in *Inventory* is by permission of the publishers. Dr. Bell is executive director of the Donwood Foundation, Willowdale, Ontario.

The enjoyment of any substance is determined by the characteristics of both substance and consumer. Gases, liquids and solids become desirable prior to and during intake through their appeal to the senses and thereafter by their capacity to alter the way people feel. One brand of American beer is currently advertised as appealing to all the senses—including the sense of sound. When a beer becomes melodious as well as flavorful, fragrant, attractive and smooth, the ultimate in sensory appeal has been attained.

Enjoyment following ingestion is usually due to a speed-up or slow-down effect on the nervous system. For example, the discomfort of anxiety, frustration or pain can be temporarily relieved by the depressant action of alcohol, sedatives, tranquilizers or narcotics; the discomfort of depression by stimulants like caffeine or dexedrine. These are examples of *negative* enjoyment—from distress towards normal. Many stimulants and depressants can produce *positive* enjoyment in certain people from normal towards ecstasy or euphoria. Enjoyment of food is due to the effect on the body generally rather than on any particular system.

The consumer must have the physical and mental characteristics to experience welcome effects from harmful quantities, and be in a social setting that can maintain an abundant supply. Some people are fortunately content with the effects of safe quantities of food, tobacco, alcohol or drugs and are able to restrict their desire to the intake of these quantities without any conscious effort. Since they are not overwhelmed by their appetites, they can reap the rewards of moderate indulgence as long as they live. In others, the desire for a comforting substance can grow out of control and eventually begin to crowd other desires out of existence.

Accordingly, some enjoy getting *high* while others simply get sick. Many an unwary drinker has lived to curse the natural tolerance that denied early awareness of dangerous intake. The ability to get high without discomfort, or to drink more than most without getting drunk, also indicates an individual tolerance which will produce similar reactions to the anesthetics, sedatives or other depressants to which cross-tolerance with alcohol occurs.

Similarly, some can enjoy more food than they need, while others become uncomfortable when they eat too much. Thus, the physical state can be as important as emotional distress or social pressure in initiating desire for excessive quantities of food, alcohol, tobacco or drugs. However, social pressure or emotional need may maintain experimentation with dangerous quantities in spite of initial discomfort in some people until adequate tolerance is acquired.

Mental State

The mental state that encourages a harmful dependence on chemicals is a sustained desire or willingness for change. Relief from distress, pursuit of pleasure or a wish to belong can all contribute to the sustained desire. Some only nurture an unhealthy appetite—for food, tobacco or alcohol. The present trend is to multiple abuse of comforting chemicals with increasingly complex repercussions.

Desire may originate in pain, anxiety, frustration, depression, boredom, loneliness or other distress. The majority of those who are introduced to drugs by occupation or medical treatment plus a goodly percentage who seek self-solace in food, alcohol

and tobacco, have a sustained desire for change of this type.

An interest in chemical adventures for *kicks,* to rebel, or simply to improve a distress-free norm—as exemplified by drinking to *feel good,* rather than to relieve distress—can also sustain an unhealthy desire. This route to chemical disaster is made easier by unquestioned adherence to dangerous drinking customs.

If welcome effects from chemicals are balanced by welcome reactions to people the danger of overdependence on chemicals is reduced. Perhaps the most important psychological factor encouraging pleasure from things is a difficulty or an inability to enjoy the world of people. Rejection and brutality in childhood, over-protection, over-indulgence, over-discipline, inconsistent parental attitudes or parental disharmony can produce mental scars that erect barriers to communication. These may be reinforced by influence from the community, if, for instance, a puritanical *taboo against tenderness* prevails to throttle spontaneous expression of affection and reduce the rewards from interpersonal contact. More difficulties in communication can be encountered as an adult by virtue of occupation, marital status or community acceptance, to reduce still further the rewards from the world of people. When human solutions to loneliness and trouble are impossible, chemical solutions may seem the only hope.

Reinforcement of childhood pleasure is another psychological factor in chemical enjoyment. Eating, drinking and *smoking* are also pleasurable in infancy. When infantile delights are perpetuated and reinforced by adult approval and acceptance, the basis for strong desire is assured.

Thus the initial desire may result from a four-fold attraction—to the senses, to the action on the nervous system or other parts of the body, to the renewal of pleasurable activities, to the awareness of conforming or to any combination. The initial desire for tobacco involves all four; it appeals to the sense of taste and smell, it has an acceptable mild stimulating effect on the human nervous system, it renews the soothing activity of thumb-sucking and initiates participation in a very popular communal activity. Under these circumstances, awareness of danger has little deterrent effect.

The eaters—the users of food—make up the largest fellowship for self-indulgence. Some restrict their eating to the satisfaction of physical need; others, tempted by the alluring sight, taste and smell of food, committed to self-solace by unfulfilled emotional needs, and surrounded by an abundant supply, join the fraternity who resolve their immediate difficulties by the first method that worked—relaxing with a full stomach. As with smoking and other abnormal desires, awareness of danger is often less compelling than the desire to eat.

The initial desire for alcoholic beverages is also due to a fourfold appeal. Tradition and social custom encourage initiation into an exciting adult fraternity—taste and smell are reassuring, effects may be intensely rewarding, while swallowing a comforting liquid is a pleasurable activity of long standing.

Drugs, on the other hand, have fewer components to their welcome effect. The renewal of childhood pleasure is negligible, taste and smell are rarely pleasant and participation in off-hand chemical adventures, while increasing, still attracts a rebellious minority. The initial desire to use drugs is almost entirely due

to their ability to speed up or slow down one or more functions of the human nervous system. This brings relief from distress or increase in pleasure, in either case a temporary shift upwards on the pain-pleasure scale.

The social situation affects growth of desire through control of supply. A desire to indulge in the excessive use of anything cannot be fulfilled unless sufficient quantities are available. In prosperous times most people have enough money to purchase repeatedly more alcohol, food, tobacco or drugs than can be used safely. When this is balanced by adequate supply, the tragedies of abundance occur.

Three social situations initiate and sustain most of the potentially threatening human-chemical relationships. Occupation can foster an unhealthy use of food by the housewife, chef or food-handlers, and a comparable problem with drugs by physicians, nurses and other members of the clinical professions. Medical treatment can initiate dependence on a great variety of drugs that alleviate distress. The most important and least controllable of the three is social custom. The accepted practice of coming together for the common enjoyment of food, caffeine, alcohol and tobacco, is so deeply rooted in our culture as to be almost impregnable to threat or awareness of danger.

If, by some miracle, everyone should suddenly restrict the intake of all pleasurable products to safe limits, the whole economy would undergo an historic readjustment. There is no need to worry about such a development. If our social habits are ever affected significantly by awareness of danger, the change will come about gradually. Political fortune, government revenue, agricultural markets and vested interest are but a few of the social forces to be affected by such an evolution.

Whereas one set of physical, mental and social factors accounts for the initial capacity to enjoy too much, additional factors are responsible for the ability to continue doing so—the capacity for adaptation to the repeated intake of too much.

Warmed by pleasant effects both during and after intake, by the renewal of fond associations and by an awareness of belonging, many who become acquainted with a pleasurable substance proceed to fall in love with it. The initial complex dependence on its capacity to improve the way they feel expands still more as the physical and mental changes of adaptation to excess occur. The first reasons for an unhealthy dependence are usually not strong enough by themselves to make desire uncontrollable. Although compelled to use harmful quantities repeatedly to achieve a desired effect, the ability to stop when necessary is retained. The process of adaptation gradually produces the insidious self-perpetuating changes that increase desire and reduce control. Gradually day-to-day existence is molded around the activities that maintain supply. As one patient put it—"an unhealthy desire became a compelling need."

The ability to adapt, physically and mentally, to excessive quantities of anything facilitates development of dependence and postpones awareness of danger. This ability varies widely and may be partly determined by inherited factors. For example, obesity—an indication of capacity to adapt to excessive quantities of food —may occur in all members of a family. The rapidity with which the additional self-perpetuating mental and physical desires from adaptation

occur varies greatly from substance to substance as well as from person to person, as does the power of the total desire to control the life of the victim. An acquired self-perpetuating desire for tobacco or narcotics on the average occurs much more quickly than a similar desire for alcohol and in a much higher percentage of users.

Mental adaptation or habit produces a need to repeat a pleasurable activity for its own sake. The original conditions for chemical enjoyment expand to include more and more day-to-day activities. Often the initial reasons for using something are quickly replaced by others. This is particularly marked with tobacco—smoking for the sake of smoking replaces smoking to belong to the gang, and in the process becomes a compelling, self-perpetuating activity; *"force of habit"* is a very apt phrase.

Physical Adaptation

Simultaneously, physical adaptation to dangerous quantities produces another compelling self-perpetuating component to desire. An increasing need for regular intake becomes necessary to maintain a new, abnormal state of internal balance. Otherwise the abnormal state of balance is disturbed and the distress of withdrawal experienced. The body signal for more of the substance to maintain abnormal equilibrium and to avoid or relieve withdrawal discomfort is usually referred to as "craving". It is helpful to differentiate craving—a signal to maintain an abnormal state—from hunger and thirst, which perpetuate normal functions.

The state of the body during withdrawal is the opposite to that produced by the drug—e.g., morphine constricts the pupils, which are dilated during withdrawal; alcohol, sedatives, and tranquilizers slow down one or more functions of the nervous system, which are overactive to the point of tremor, hallucinations, convulsions or delirum on withdrawal; caffeine, nicotine, dexedrine and cocaine stiumlate the nervous system which is markedly depressed on withdrawal, and so on.

When the acquired need for physical and mental adaptation is added to the original desire, a powerful complex force controls more and more of the behavior of the victim. Dangerous quantities of alcohol, food, drugs and tobacco continue to be used in spite of awareness of progressive trouble. Whenever a person is trapped in such a conflicting situation he is put on the defensive. Defensive thinking and resistance to treatment become integral parts of the total disability. The defensive thinking is characterized by alibis, lying, cover-up, projection, resentment, suspicion, remorse, moodiness, frustration and a progressive disturbance in communication with others. When mental resources become increasingly involved in defending a sick desire, they are less and less available for attention to socially constructive activities.

Acquired tolerance and habit—the physical and psychological components of adaptation—are accompanied by social adaptation or manipulation. As need for anything increases, other interests and activities must be modified to accommodate the need. The worker who is forced to give prime attention to his abnormal need for alcohol finds a special use for the coffee break, lunch, the business meeting in the next block, walking the dog, tending bar or visiting a sick friend—to mention but a few of the daily activities that acquire new, compelling purpose. Manipula-

tion breaks down more rapidly when a substance like alcohol, sedatives or tranquilizers is involved which can alter behavior in a sociably undesirable manner, or when its use is illegal, which is the case with the narcotic drugs. With a compulsion to smoke or eat, neither obstacle to manipulation prevails, and the victim can usually manipulate his home, work, and community life to accommodate his abnormal desire until he happily dies of lung cancer or heart failure.

Whenever desire leads to the repeated intake of dangerous quantities, physical damage eventually develops. Excessive smoking hurts the parts of the body concerned with breathing and circulation; heavy drinking—the nervous system and the digestive system—overeating, the circulatory and weight bearing structures, and so on. The main threat from tobacco lies in the fact that the majority of smokers soon acquire a self-perpetuating desire for dangerous quantities, whereas the majority of drinkers do not. To balance the threat, uncontrollable desires for tobacco or food threaten the user only —the health and life-expectancy of others is not involved. An uncontrollable need for alcohol or sedatives not only affects the victim but all others with whom he is closely associated. In fact the social consequences in the home, on the job and in the community are the most noticeable features of the whole disability. As deterioration of physical health and social relationships continues, guilt, remorse and despair further complicate the mental state of the victim. If desire remains uncontrollable, and consequences unbearable, suicide frequently provides the only solution.

Many of the new tranquilizers and stimulants are particularly dangerous. The careless, unsupervised use of these products by college students has already led to widesperad needless tragedy. Danger may be immediate—either from fatal overdose of depressants, or from using stimulants until they *whip the tired horse* to the point of exhaustion or death, or from alternately using depressants and stimulants. To accentuate the hazard from repeated use, many of these products lead to a surprisingly rapid development of uncontrollable need. Any student with the slightest regard for health and life expectancy should use all drugs under strict medical supervision.

The argument that the new drugs have become an essential part of adjustment to twentieth century reality is based on misconceptions covering both hazards involved and the latent resources of the average person. When the new mood-changers are used along with the old-timer, alcohol, the possibility of chemical disaster increases.

New Hope For Recovery

As we gradually shift our attention from the physical, mental and social consequences of abnormal desire to the inactivation of desire itself, new hope for recovery from the primary disability occurs. Instead of concentrating on obesity—one of the more obvious consequences of an unhealthy desire for food—the practice of repeated dieting is replaced by an attempt to correct the tension, loneliness or boredom initiating a sustained desire to overeat. Instead of concentrating our clinical and legal attention on the physical and social consequences of an uncontrollable desire to drink, the components of this desire could be identified and progressively inactivated. Instead of remaining so excited about the consequences of an abnormal desire for narcotics, we might better concen-

trate on the physical, psychological and social situations that initiate it, and the unique power of the acquired desires that reinforce it.

The unprecedented development in the world of chemicals of the past few decades have produced a host of new products for medical, cosmetic, industrial or other use. Many of them can produce pleasant effects in harmful quantities—glue for model planes, nailpolish remover, perfume, and a bewildering assortment of new drugs, to mention a few. To meet the new threats to health and safety that will become increasingly apparent in the last part of this century, new techniques in health education will have to be developed. Perhaps the widespread rebellion against adult patterns of behavior will expand to include rejection of their smoking, eating, drinking and drug habits.

No amount of warning about consequences will succeed unless the desire to improve the way we feel by swallowing, inhaling or injecting is reduced. Chemicals replace people in the lives of many. It is just possible that age-old humanitarian goals are nearer attainment than ever before. As the social sciences continue to confirm the human need to love and be loved, is it not possible that they will also provide the techniques to meet this need? A new dimension in understanding and compassion should be possible as true awareness of the nature of man and what is good for him replace the arbitrary moralistic standards that contribute to so much tension, loneliness and misery. Perhaps the greatest challenge of the new generation is to contribute to this new dimension in understanding. As the rewards from people increase, interest in chemical comforts should diminish to safer levels.

JUDGE MURTAGH'S COMMENTS

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with the United States Constitution there was an adjournment in order to get the cops to appear? Oh, no. They thought of something much more expeditious, much more effective. Instead of that the turnkey was there. He testified that he paid the visit at 2:00 a.m., that he spoke to the fellow from whom he was inquiring as to whether he was guilty or not, and that he was plastered. He was under the influence of liquor, so the turnkey testified. And on the basis of his testimony, the fellow was adjudged guilty of public intoxication—the only evidence being that he was plastered in the cell. I actually saw this happen in case after case after case.

Now if this isn't foreign to any American notion of judicial process I don't know what is. This is an utter disgrace to American justice, and it is characteristic of our approach throughout the land. It is for this reason that, while I strongly commend Peter Hutt, I say, in effect, "Peter you're too conservative." I would like to make a much more forthright attack on something that is fundamentally unjust and something that affects the entire criminal process from beginning to end. What is needed in order to give us better police forces in every community and a better criminal judicial system is a sound philosophy of law. This important issue of the chronic drunk strikes at the heart of it. I am a little more avid than Peter. I want a *real* attack made, and I'm hoping that one of these subsequent cases brings the issue to light. Our statistics in New York certainly are an eloquent testimony to the injustice that has characterized law enforcement all too long.

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ASHEVILLE—

**Alcohol Information Center;* Mike Dechman, Educational Director; Parkway Offices; Phone: 704-252-8748.

†*Mental Health Center of Western North Carolina, Inc.;* 415 City Hall; Phone: ALpine 4-2311.

BURLINGTON—

**Alamance County Council on Alcoholism;* R. J. Cook, Executive Director; Room 802, N. C. National Bank Building; Phone 919-228-7053.

‡*Outpatient Clinic;* Alamance County Hospital; Hours: Wed., 9:00 a.m. - 4:00 p.m.

BUTNER—

‡*Aftercare Clinic; John Umstead Hospital;* Hours: Mon. - Fri., 9:00 a.m. - 4:00 p.m.

CHAPEL HILL—

†*Alcoholism Clinic of the Psychiatric Outpatient Service;* N. C. Memorial Hospital; Phone: 942-4131, Ext. 336.

**Orange County Council on Alcoholism;* Calvin Burch, Box 277, Carrboro; Phone: 919-942-1089 or (if no answer) 919-942-1930.

CHARLOTTE—

**Charlotte Council on Alcoholism;* Rev. Joseph Kellermann, Director; 1125 E. Morehead St.; Phone: 704-375-5521.

‡*Mecklenburg Aftercare Clinic;* 1200 Blythe Blvd.; Hours: Mon. - Fri., 8:00 a.m. - 5:00 p.m.

†*Mental Health Center of Charlotte and Mecklenburg County, Inc.;* 316 E. Morehead St.; Phone: 704-334-2834.

CONCORD—

†*Cabarrus County Health Department;* Phone: STate 2-4121.

DURHAM—

†*Aftercare Clinic*; Watts Hospital; Hours: Tues. and Fri., 2:00 - 5:00 p.m.

**Durham Council on Alcoholism;* Mrs. Olga Davis, Executive Director; 602 Snow Bldg.; 919-682-5227.

FAYETTEVILLE—

†*Cumberland County Guidance Center;* Cape Fear Valley Hospital; Phone: HUdson 4-8123.

GASTONIA—

†*Gaston County Health Department;* Phone: UNiversity 4-4331.

GOLDSBORO—

‡*Outpatient Clinic;* Cherry Hospital; Hours: Tues. and Fri., 10:00 a.m. - 12:00 noon. Thurs., 2:00 - 4:00 p.m.

**Wayne Council on Alcoholism;* Education Division, ABC Board.

GREENSBORO—

**Greensboro Council on Alcoholism;* Worth Williams, Executive Director; 216 W. Market St., Room 206 Irvin Arcade; Phone: 919-275-6471.

†*Guilford County Mental Health Center;* 300 E. Northwood St.; Phone: BRoadway 3-9426.

†*Family Service Agency;* 1301 N. Elm St.

‡*Outpatient Clinic;* 300 E. Northwood St.; Hours: Mon. and Thurs., 5:00-10:00 p.m.

GREENVILLE—

**Pitt County Alcohol Information and Service Center;* Helen J. Barrett, Executive Secretary; P. O. Box 2371; 915 Dickinson Ave.; Phone: 919-758-4321.

†*Pitt County Mental Health Clinic;* Pitt County Health Department, P. O. Box 584; Phone; PLaza 2-7151.

HENDERSON—

**Vance County Program on Alcoholism;* Dr. J. N. Needham, Director; 158 Bypass W; P. O. Box 1174; Phone: 919-438-3274 or 919-483-4702.

HENDERSONVILLE—

Alcohol Information Center; S. Robertson Cathey, Director; 2nd Floor, City Hall; Phone: 919-692-8118.

HIGH POINT—

†*Guilford County Mental Health Center;* 936 Mountlieu Ave.; Phone: 888-9929.

JAMESTOWN—

**Alcohol Education Center;* Ben Garner, Director; P. O. Box 348; Phone: 919-883-2794.

LAURINBURG—

**Scotland County Citizens Council on Alcoholism;* M. L. Walters, Executive Secretary; 308 State Bank Bldg.; P. O. Box 1229; Phone: 919-276-2209.

MORGANTON—

‡*Aftercare Clinic;* Broughton Hospital; Hours: Mon. - Fri., 2:00 - 4:00 p.m.

**Burke County Council on Alcoholism;* Grady Buff, Educational Director; 211 N. Sterling St.; Phone: 704-433-1221.

NEW BERN—

**Craven County Council on Alcoholism;* Gray Wheeler, Executive Secretary; 411 Craven St., P. O. Box 1466; Phone: 919-637-5719.

*†*Psychiatric Social Service,* Craven County Hospital; Phone: 919-638-5173, Ext. 294; Hours: Mon.-Fri., 9:00 a.m.-5:00 p.m.

NEWTON—

**Educational Division, Catawba County ABC Board;* Rev. R. P. Sieving, Director; 130 Pinehurst Lane; Phone: 704-464-3400.

PINEHURST—

Sandhills Mental Health Clinic; Box 1098; Phone: 295-5661.

RALEIGH—

‡*Aftercare Clinic;* Dorothea Dix Hospital, S. Boylan Ave.; Phone TEmple 2-7581; Hours: Mon.-Fri., 1:00 - 4:00 p.m.

†*Outpatient Clinic of the Mental Health Center of Raleigh and Wake County,* Inc.; Wake Memorial Hospital; Phone: 834-6484; Hours: Mon. - Fri.; 8:30 a.m.-5:30 p.m.

SALISBURY—

**Educational Division, Rowan County ABC Board;* Peter Cooper, Director; P. O. Box 114; Phone: 919-633-1641.

†*Rowan County Mental Health Clinic;* Community Bldg., Main and Council Sts.; Phone: MElrose 3-3616.

SANFORD—

†*Mental Health Clinic of Sanford and Lee County, Inc.;* 106 W. Main St.; P. O. Box 2428; Phone: 775-4129 or 755-4130.

SHELBY—

†*Cleveland County Mental Health Clinic;* 101 Brookhill Rd.; Phone: 482-3801.

SOUTHERN PINES—

**Moore County Alcoholism Program;* Rev. Martin Caldwell, Director; P. O. Box 1098; Phone: 919-692-6631.

WADESBORO—

**Education Division, Board of Alcohol Control;* Robert M. Kendall, Director; 125 W. Wade St.; P. O. Box 29; Phone: 704-694-2711.

WILKESBORO

Wilkes County Council on Alcoholism; William S. Call, Executive Director; 100 Bridge St.; Phone: 919-838-6046.

WILMINGTON—

†*Mental Health Center of New Hanover County;* 920 S. 17th St.; Phone: 763-7342.

**New Hanover County Council on Alcoholism;* Mrs. Margaret Davis, Executive Secretary; 211 N. Second St.; P. O. Box 1435; Phone: 919-736-7732.

WILSON—

‡*Aftercare Clinic;* Encas Station; Hours: Mon. - Fri., 8:00 a.m. - 5:00 p.m.

†*Wilson County Mental Health Clinic;* Encas Rural Station; Phone: 237-2239.

**Wilson County Council on Alcoholism;* W. H. Jennings, Director; Room 208, 116 S. Goldsboro St.; Phone: 919-237-0585.

WINSTON-SALEM—

*†*Alcoholism Program of Forsyth County;* Robert Charlton, Educational Director; 802 O'Hanlon Bldg., 105 W. 4th St.; Phone: 919-725-5359.

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